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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725606** (8)

1. Corporation Name

**SEA PINES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

6925-6951 GULF OF MEXICO DR.  
LONGBOAT KEY FL 34228  
US

Mailing Address

5500 MARINA DR  
SUITE ONE  
HOLMES BEACH FL 34217-1540  
US

3. Date Incorporated or Qualified  
**02/20/1973**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

**59-1482572**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**SOKOL, C. ROBERT**  
**8951 GULF OF MEXICO DR**  
**SARASOTA FL 33577**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV SOKOL, ROBERT 8951 GULF OF MEXICO DR LONGBOAT KEY FL 34228	1.1 TITLE	President D/P
NAME		1.2 NAME	David Eckel
STREET ADDRESS		1.3 STREET ADDRESS	2217 Gulf Dr
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Bradenton Bch, FL 34217
TITLE	D LONGINO, ELAINE 1500 NW 16TH AVE #248 GAINESVILLE FL 32605	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD CARROLL, TIMOTHY 16724 EDGEWATER DR LAKEWOOD OH	3.1 TITLE	Director D
NAME		3.2 NAME	Robert Springer
STREET ADDRESS		3.3 STREET ADDRESS	5425 Marina C Bre
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lake land, FL 33813
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

CR2E037 (9/96)